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Peritonitis
Enteritis
Diarrhoea
Typhilitis
Hematuria
Hysteritis

An Inaugural Essay on Peritonitis or Inflammation of the Peritoneum.

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Among the numerous diseases, to which the human system, is subjected, there is scarcely one to be met with more obscure or dangerous, than the one which forms the subject of this essay. This circumstance is not alone attributable to the nature and violence of the inflammation, but chiefly to the slow and insidious manner of its attack, whereby the suspicions of the practicioner as to the perilous situation of the patient, are so completely lulled as to cause him to withhold such remedies, as would, if early resorted to, succeed in arresting its progress, before it arrives to a stage in which the most judicious plan of treatment, very often proves totally inefficacious.

The peritoneum is liable to both acute and chronic inflammation, each of which forms I shall consider during the progress of this essay—

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Symptoms.

This disease is ushered in by chills, succeeded by fever, the pulse is small quick and cordid, and well calculated to mislead the practicioner in forming his opinion of the character of the disease. But nevertheless there are some symptoms present, which if strictly attended to, will enable him to form a pretty correct idea of its nature. These are heat, pain and soreness of the abdomen, sometimes confined to one part, but most frequently diffused over its whole surface. By pressure the pain and soreness are greatly augmented, and frequently at this period of the disease the patient is harrassed with great thirst, and dryness of the tongue and fauces.

These are the ordinary circumstances, under which an attack of peritonitis commences, but in the course of 24 hours, if it be not arrested, the tenderness of the abdomen, becomes so much increased as not even to bear the weight of the bed cloths,

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without greatly augmenting the sufferings of the patient. The pulse at this time beats from 120 to 140 times in a minute, the tongue is incrusted, and the abdomen becomes tense like a drum head. The patient may now be found lying on his back, with his knees drawn up. By this particular posture, the abdominal muscles are relaxed, and the weight of the intestines supported by the spine, by which the sufferings of the patient are greatly diminished.

The disease still continuing to progress, all the symptoms which have been mentioned, become hourly more aggravated, until they suddenly disappear, as if removed by the efficacy of the remedies employed. This, however, so far from being a favourable circumstance, is almost invariably the precursor of death.

A train of symptoms very different from those which have already been mentioned, now make their appearance. The pulse

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becomes feeble, quick and small, dark matter is discharged from the stomach, by a singultus, accompanied with cold clammy sweats, cold extremities, haggard countenance and a quick laborious respiration. These symptoms last but a short time before death removes the sufferings of the patient.

Upon opening the body after death the peritoneum is found very much thickened, and inflammation to have extended throughout the whole of that membrane, but to have been particularly violent in that portion of it which covers the intestines, and even to have extended through every coat of the intestinal canal, whilst in that portion which lines the parietes of the abdomen, it is not found to extend beyond the peritoneum to the muscles. Which difference is probably owing to the looser connection which exists between the peritoneum and muscles, than it and the intestines.

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Causes.

Peritonitis may arise from the ordinary causes of inflammation, such as the vicissitudes of the weather &c. the most frequent however, are wounds, violent blows or inflammation of other parts of the abdomen affecting the peritoneum sympathetically. In females, it is sometimes the consequence of injuries sustained by the uterus during parturition.

Peritonitis is likely to be confounded with enteritis and colic, it may however be distinguished from them, by the pain being more permanent, its being increased by pressure even before the abdomen becomes tense. - But the most unequivocal diagnostic of the disease, is the want of an inclination to voice fæces, however so great the necessity for it may be, and the most copious evacuations are not succeeded by the slightest mitigation of pain.

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the respiration less laborious, and the pain, coverness and tumefaction of the abdomen gradually abate, we may expect a favourable termination of the disease.—

Treatment.

The opinion among different practitioners, with regard to the correct mode of managing this formidable disease, is not a little diversified. By one set the use of opium, is almost exclusively, resorted to, and by the others its employment is condemned, and their chief reliance is placed upon the lancet and its auxiliaries

Whatever views, those who advocate the use of opium, entertain with regard to the pathology of this disease, and the success attending their practice, experience has proven its inutility, as it occurs in this country. In the treatment of this disease we should bear in mind the rapidity of its progress, and the urgent necessity for a speedy employment of the most efficient

means of relief.

Having satisfied ourselves as to the existence of the disease, if called upon at its commencement, we should detract blood in large quantities, regardless of the pulse or other symptoms which would at first seem to contraindicate its use. If the patient be naturally of a vigorous constitution, not less than 25 or 30 ounces of blood should be drawn at the first bleeding; and if this fail to produce a mitigation of the symptoms, the operation should be repeated to the same extent in the course of the day. After venesection has been carried to that extent, beyond which its employment would be unsafe, much may be gained from topical depletion by cups or leeches applied over the abdomen.

With regard to the use of cathartics in this disease, medical men seem pretty generally to agree that but little if any advantage is derived from them.— But Dr Chapman, whose opinions I entertain the highest regard for, thinks very great advantage ~~from them~~ is derived from

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them in the management of peritonitis; And from the very great importance attached to this class of medicines in the treatment of the rest of the phlegmasia, and particularly puerperal fever, (which is certainly peritoneal inflammation) we can see no reason for supposing why they should not prove equally beneficial in this disease.

For the purpose of vacuating the alimentary canal, those articles should be selected, which occasion the slightest degree of irritation, and for fulfilling this indication, calomel is to be preferred. As auxiliary means for vacuating the alimentary canal and still farther as fomentations, copious enemata should be frequently administered.

Next in importance to venesection, in the treatment of peritonitis, are diaphoretics. To Dr Physick the medical profession is indebted for the introduction of this class of medicines, in the management of peritonitis. Advantage is sometimes derived

from diaphoretics, even when the symptoms demand the farther use of the lancet. they should be resorted to at an early stage of the disease; but not until copious depletion by venesection and cups or leeches. In order to induce sweat, the external means are to be preferred; and of these the vapour bath is the best. In some cases advantage may be derived from the exhibition of internal diaphoretics, and whenever this is the case the Dover's powder should be selected.

Cases sometimes occur in which the system is so much debilitated as to induce a belief that the employment of the lancet would be hazardous. A case of this kind is to be managed by the warm bath and both the external and internal diaphoretics But as soon as the disease becomes developed, we are to pursue the plan of treatment which has been mentioned, as being applicable to an open case of peritonitis

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With regard to the use of blisters in this disease, much difference of opinion exists. If resorted to previous to the reduction of inflammatory action, they will scarcely ever fail to increase the violence of the symptoms, but after the employment of the directly depleting remedies, they may be resorted to with very great advantage.

The remedies which have been detailed are only applicable to what may be considered the first stage of the disease; and if they fail in arresting its progress, a train of the most distressing symptoms make their appearance. There are great prostration of strength, the pulse becomes feeble small and quick, the surface becomes cold and clammy, and a sudden cessation of pain takes place. Symptoms indicative of approaching gangrene. In this stage of the disease opium has been recommended, and used with advantage; But to the ingenious

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professor of the Theory and Practice of physick in this university, we are indebted for the introduction of a remedy in this stage of the disease of superior efficacy to the one just mentioned. My allusion is to the oil of Turpentine.

A practitioner in Dublin recommends the use of the Turpentine, in the early stage of puerperal fever, a disease analagous to peritonitis, but the professor to whom I have just alluded, condemns its early employment, and thinks it only adapted to that stage of the disease in which inflammation is about to terminate in gangrene. The ordinary dose of the Turpentine is from X to XX gtts, but very little if any advantage is derived from it in this disease when given in less quantities than ℥ss repeated every 3 or 4 hours.

In detailing the treatment of peritonitis, I have purposely avoided mentioning the various methods which have been laid down by different writers upon the subject.

and select from them the one supported by the greatest weight of authority, and which appears to me most rational.

Having pointed out the plan of treatment to be pursued during the existence of an attack of peritonitis, it remains for me only to mention the means by which its recurrence, (to which patients recovering from this disease are peculiarly liable) may be prevented. The patient should avoid too much exercise, particularly of that nature which requires the action of the abdominal muscles, and which occasions commotion of the contents of the abdomen. A tendency to constipation of the bowels ought to be carefully avoided, his diet should be light and easy of digestion, and he must abstain from stimulus of every description.

Peritonitis Chronic.

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already made with regard to the obscurity and danger attendant on the acute, are perhaps still more applicable to the chronic, form of peritonitis. During the progress of an attack, the patient feels some pain and soreness in the abdomen, sometimes a little increased on pressure. The tongue is furred and the pulse is somewhat active, but unaccompanied by heat; the face is pale, and the patient is affected with languor and depression of spirits. These symptoms continue sometimes for several weeks, without exciting the slightest degree of alarm, until by some exciting cause, the chronic becomes an acute case of inflammation, and is then exceedingly difficult to remove. As regards the treatment under these circumstances, nothing more can be done than what I have already said when speaking of acute peritonitis.

When we suspect the existence of chronic inflammation of the peritoneum, we should endeavour to arrest its progress, by small, but repeated bleedings;

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by enjoining absolute rest, and a long and strict adherence to the antiphlogistic regimen. If the disease prove obstinate, we should resort to mercury for the purpose of substituting a new action.